
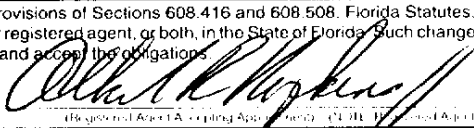
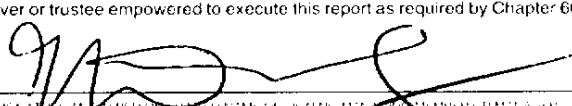


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| | | | |
|---|---------------------------|---|--------------------------|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002355 THE MOTOWN RESTAURANT & ENTERTAINMENT GROUP P, LLC 2019 MARTIN LUTHER KING DRIVE SOUTHEAST WASHINGTON DC 20020 | | 1a. Principal Place of Business Address 2019 MARTIN LUTHER KING DRIVE WASHINGTON DC 20020 | |
| 2. Principal Place of Business 895 NW Sassafrass Ct. Suite, Apt. #, etc. | | 2a. Mailing Address 895 NW Sassafrass Ct. Suite, Apt. #, etc. | |
| City & State Jensen Beach, FL | | City & State Jensen Beach, FL | |
| Zip 34957 | Country USA | Zip 34957 | Country USA |
| 3. Date Organized or Qualified 10/21/1998 | | 3a. State of Formation FL <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 4. FEI Number N/A | | 5. Date of Last Report N/A | |
| 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | | | |
| 7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE  DATE April 29, 1999 | | | |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
| MGRM | DOWDY, JAMES H | 895 NORTHWEST SASSAFRASS C | JENSEN BEACH FL |
| MGRM | WELLS, AARON | 895 NORTHWEST SASSAFRASS C | JENSEN BEACH FL |
| 7000002868427-5 -05/07/99--01151--012 ****188.75 ****188.75 | | | |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:  4-29-99 501-692-0922 | | | |